



GIRL SCOUTS OF NORTHERN INDIANA-MICHIANA EXTENDED TRIP APPLICATION

All extended and international trips require a **Proposal** and a **Final Submission** in order to be approved. Both submissions are through this form. Please indicate which you are submitting by checking the appropriate box. Submit Extended Trip Applications to frontdesk@gsnim.org

| Helpful Information & Resources | | |
|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| Definitions: | | |
| Extended Trip | Any trip lasting more than 3 days/ 2 nights | |
| Domestic and International (Travel) | Domestic is within the USA; International is outside the USA | |
| COI | Certificate of Insurance – needed from vendors to show proof of insurance in case of accident | |
| SAC | <u>Safety Activity Checkpoints</u> – document that details necessary safety measures to follow for activities | |
| Common Attachments needed: | | |
| Vehicle lease agreements Additional Insurance requests | Activity Contracts Flight and/or Train Information | Activity Certifications Medical Certifications |

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Proposal Domestic 3-6 months prior International minimum 12-18 months prior Submit all known information in Sections 1-4 | <input type="checkbox"/> Final Submission Domestic 1-2 months prior International 1-2 months prior Submit all completed sections, attaching any corresponding documentation |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| Section 1 – General Information | | | |
|---------------------------------|----------|-----------------|------|
| Today's Date: | Troop #: | Service Unit #: | |
| Trip Leader Name: | | | |
| Address: | City: | State: | Zip: |
| Phone #: | | Email: | |

| Number of Registered Girl Scout Participants: | | | | | |
|-----------------------------------------------|--------|---------|--------|------------|------------------|
| Brownie | Junior | Cadette | Senior | Ambassador | Adult |
| | | | | | Female Male |

| | |
|----------------------------|------------------------------------------------------|
| Emergency Contact at Home: | Emergency Contact on Trip: |
| Name: | Name: |
| Day Phone: | Phone: |
| Evening Phone: | <i>Please keep phone charged and on at all times</i> |

Section 2 – Trip Activity Information

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| Departure Date: | Return Date: | Destination: |
| Are there high risk activities: <input type="checkbox"/> Y <input type="checkbox"/> N | Have high risk activities been reviewed with parents? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | |
| List high risk activities (determined by SACs) here. Detail as much information as possible including: Vendor name, address, phone, website, and name of any individual you have spoken with about this activity. Council will obtain COI's for this activity and vendor. If this vendor is unwilling to provide a COI, Troop Support will be in contact with you for a different vendor or activity. <i>Please include additional sheets if necessary.</i> | | |
| Vendor Name: | Date Visiting: | Contact Information: |
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Section 3 – Lodging

Names and addresses of where you will be staying:
Separate sleeping quarters and toilet facilities must be provided for males.

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Section 4 – Transportation

Type of transportation. Check all that apply:

| | |
|----------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <input type="checkbox"/> Personal Car | |
| <input type="checkbox"/> Leased Vehicle (no vans larger than 10 passenger) | Vehicle agreements may be signed by trip leader; attach contract to Final |
| <input type="checkbox"/> Bus | Information for obtaining COI: |
| <input type="checkbox"/> Plane | Attach documentation with airline and flight numbers to Final |
| <input type="checkbox"/> Boat | Information for obtaining COI: |
| <input type="checkbox"/> Train | Attach copy (scanned picture will do) of train ticket to Final |

STOP. If this is a Proposal you are done! The following sections are for Final Submission only. Preview Section 6 – Required training – so trip adults can be working on certifications and trainings before Final Submission.

Section 5 – Budget

Girls of all ages learn valuable life skills by helping to plan a trip budget. Please make sure they are included in the planning process.

| Trip Expenses | Per Person | Total |
|---------------------------------------------------------------------------|------------|-------|
| Lodging/ Site Fees | | |
| Food | | |
| Transportation Fees (including fuel and rentals) | | |
| Air/ Bus Fare | | |
| Admission Fees | | |
| Other Program Costs | | |
| Insurance | | |
| Other – Describe: | | |
| Total Projected Expenses | | |
| | | |
| Trip Income | Per Person | Total |
| Family Contribution | | |
| Fall Product Program | | |
| Cookie Program | | |
| Additional Money Earning (submit <u>Group Money Earning Application</u>) | | |
| Other – Describe: | | |
| Other – Describe: | | |
| Total Projected Income | | |

Section 6 – Required Training

Attach any certificates such as First Aid and Lifeguard. Trainings and certifications must be completed before trip departure or corresponding activities will need to be cancelled.

| Name of Trained Adult | Training/ Certification |
|-----------------------|------------------------------------------------------|
| | Trip Planning Basics |
| | Extended Troop Travel |
| | First Aid/CPR |
| | Outdoor Basics (if camping) |
| | Other as Needed (Lifeguard, Small Craft Safety, etc) |
| | Other |

